

I'm blind
let me help you



—the older visually handicapped volunteer





What happens when elderly men and women — who are visually impaired or blind, — are afforded an opportunity to participate in the helping process as ***givers*** rather than as receivers?

"They fill the same assignments as the sighted volunteers and do them just as well," says the head nurse in an urban hospital's central supply department. "Once you get them started, they manage well with little supervision."

"If anything," comments the volunteer director at another hospital, "blind volunteers are sometimes more creative than others, more sensitive to other people and their needs." And a volunteer director at a geriatric institution: "It's just a delight to have them. The fact that they come and give service is inspiring to the staff and to other volunteers."

And not only in institutional settings. "When they first began talking to my class," says a third-grade teacher, "the children were only curious — about their blindness. But by the time they were finished, the kids were fascinated by the old couple as ***people***."

The positive results come as no surprise, of course, to executives of agencies serving blind persons. A program which integrates visually impaired and sighted volunteers "educates others to the fact that blind people are capable of contributing in the same way as everybody else," notes Wesley Sprague, of New York's Association for the Blind. Such a program, adds Aubrey Mallach, of the Jewish Guild for the Blind, "is good for our clients, good for the agencies serving the blind, and good for the community." Harry Minkoff, of Vacations and Community Services for the Blind, feels that our role is "helping to explore this volunteer program with blind people to motivate them to participate."

Marion Wurster, American Foundation for the Blind program development director, sums it up: "One of our major goals is to integrate all blind people into the community fabric, so they can be 'just people.' Volunteer service offers an especially rewarding way of achieving this integration."

Max Greenberg, visually handicapped volunteer at Creedmoor State Hospital teaches patients to make ceramic objects. Here he is allowing a patient to select the style of ceramic ashtray he would like to make.



Some of the most heart-warming reactions come — predictably — from those who serve. “When you’re blind,” says Mrs. Jeanne Hornstein, a blind volunteer at a hospital, “you’re supposed to be helpless. So that when we can help someone else, it’s a great satisfaction. Mostly in years past older folks—especially older blind folks—were sort of on the shelf. Coming here, we’re *not* on the shelf.”

Offered a chance to be “givers” rather than “takers,” elderly visually impaired people often bring a special zeal, “a deeper sense of commitment to their volunteer service,” Mrs. Florence K. Kallan observes. “Often they are more motivated, they have a greater need to be useful, they give more.”

Mrs. Kallan speaks from her considerable experience as director of RSVP-in-New York City (Retired Senior Volunteer Program), a program sponsored by the Community Service Society of New York (CSS) which enables older persons to serve as volunteers. It is part of the national RSVP and partially funded by the federal agency ACTION. The national RSVP, which was modeled on another CSS program known as SERVE (Serve and Enrich Retirement by Volunteer Experience), received its first federal funds in 1971. From 11 pilot projects that year, RSVP had grown by early 1974 to include almost 600 local RSVPs in all 50 states with a total of some 85,000 senior volunteers. RSVP-in New York City is the largest.

In 1971 SERVE pioneered in recruiting and placing visually impaired and blind older people as volunteers serving together with sighted older volunteers. The results of this experiment were so successful that subsequently the American Foundation for the Blind upon the recommendation of its National Task Force on Aging and Blindness, provided a grant to CSS to expand its efforts to involve the visually impaired in both SERVE and RSVP. It was hoped that this experience would be helpful to other communities developing similar programs. By early 1974, among the 2500 senior volunteers in SERVE and RSVP-in-New York City, there were 67 blind and visually impaired older people, serving in 28 different institutions and/or programs.

The Challenge of Aging

To the extent that this represents success, it is no more than the successful beginning of a two-fold breakthrough. The first is for *all* senior citizens.

Opposition occasionally crops up even among the other senior — but sighted — volunteers in an already established program. They themselves may have had to overcome resistance in achieving acceptance, but despite that fact — or because of it? — their not uncommon reaction — to quote one — is: "If you can't see, there is nothing you can do."

It may take considerable probing to discover that the root cause is fear, not of blind people but of blindness itself. The first step to acceptance of the visually impaired may therefore be simply to get the sighted volunteer to express aloud: "I don't want to be blind myself." One irony, of course, is that not infrequently volunteers labeled visually impaired, or even "legally blind," may in fact see better than some of their "sighted" co-workers, whose visual deficits may not have been diagnosed or recognized.

Over-Protectiveness

Resistance may come also from a more surprising quarter: one older blind volunteer was forced to abandon her highly successful hospital service because her daughter refused to let her travel alone by taxi.

Marion Wurster suggests that "sometimes the attitudes of families and friends are related to biases . . . they are often overprotective, fearful not only about the blind person's ability . . . but about the effect on him or her of dealing with physically or mentally ill persons."

For example, when Mrs. Jeanne Hornstein told her husband she was going to be a hospital volunteer, his reaction was: "**You** a volunteer? What can you do — you need help yourself."

Harold Taylor, playing the clarinet, is a member of the choral group from the A. Philip Randolph Senior Center which gives monthly concerts for patients from Harlem at Meyer-Manhattan Psychiatric Hospital. Now blind, Mr. Taylor was once a singer in vaudeville.

"But he knows I'm not an incompetent person," Mrs. Hornstein says. "He knows my capabilities — and now he brags so much about my volunteer work that it sometimes embarrasses me. That's why I was so disappointed when he said to me: 'What can *you* do?' "

Certainly the fears and doubts of family members often have some legitimate basis, yet they are frequently exaggerated. In any case, the possible risks should be weighed against the potential benefit: the reinvolvement of the older, homebound person in activity, in life.

Over-protectiveness and hyper-caution are also occasionally found in agencies serving the blind. Though staff people may endorse the principle that the older blind person should have an opportunity to volunteer if he wants to, in practice the major emphasis may be on the "need to succeed," and a reluctance to let clients take "unnecessary" risks, including the risk of failure.

The doubtful staff member should therefore check out the program for himself. This will enhance the possibility of the individual client's success. Continuing cooperation of agencies for the blind is also essential in solving general problems particularly in institutional settings.

Recruiting Visually Impaired Volunteers

Certainly agencies serving the blind can be a prime source for finding visually handicapped older volunteers. Agency-sponsored clubs and social organizations of blind people are especially productive.

Perhaps the most fruitful recruiting for RSVP programs was from community and church groups, many of which have members — or know of people — who are visually impaired. One church group, for example, had two older blind members who had dropped out of virtually all activities. When a special point was made of getting these two women to volunteer for hospital service along with the sighted members, they not only did well in their volunteer assignments, but soon rejoined many of the group's other activities.

While it is optimistic to assume that every older blind person will want to be a volunteer, many of them are indeed “untapped resources” for volunteer programs and for the community. But how does one reach and motivate blind persons who have lost or never had the “habit” of serving?

The comments of some who have already found their way into volunteer programs offer some useful clues. “I sat there crying to the four walls for a year, after my husband died,” says an 80-year-old woman, totally blind from birth. “Until finally I got sick of it. So I said to myself: This doesn’t help anybody — me or anyone else. I’m getting out of here.”

Visually impaired older volunteers themselves made good recruiters of others, primarily because they recall their own motivations, feelings, fears and expectations. Max Greenberg is not only visually handicapped; he had a stroke which has left his left side paralyzed. He volunteered because “I had to prove something to myself — that I’m still capable of being useful to someone.” Max Greenberg *is* useful — he teaches ceramics to emotionally disturbed patients in a hospital.

The need to be needed is common to all people, especially older people. “We want someone to need us, especially as we get older. Our children don’t need us any more; they’re self-sufficient. But these people do.”

There is the desire to repay, to give service for service rendered: “All my life people have been doing for me. This is my chance to do for someone else.” “If I can get somebody to eat one meal,” says a hospital volunteer, “to hold my hand for one moment, that’s doing something.”

To help people, even a little; to give and not only to receive; to be needed; to prove one is still useful, despite age and visual impairment—just some of the reasons people give for wanting to volunteer. And one more—being with people. Not necessarily with patients, but with other volunteers.

“Pinpoint Recruiting”

The chances of a successful placement increase if the older blind volunteer gets to do what he wants to do. And especially if he feels he is meeting a real need, not doing an assignment created just to give him “something to do.”

The Agencies

"One of our major goals is to integrate all blind people into the community fabric so they can be 'just people'."

Marion Wurster, AFB Program Development Director.

"The visually handicapped older volunteer offers something special—the encouraging example of how to live and overcome a handicap."

Florence K. Kallen, Director of RSVP in New York City.

The Clients

"They fill the same assignments as the sighted volunteers and do them just as well."

Head nurse in an urban hospital.

"If anything, blind volunteers are sometimes more creative than others, more sensitive to other people and their needs."

Hospital Volunteer Director.

"Everytime they come, they bring in a breath of the outside world, something we need very badly."

Staff member of a nursing home.

The Volunteers

"When you're blind, you're supposed to be helpless. So that when we can help someone else, it's a great satisfaction."

Jeanne Hornstein. A blind volunteer.

"I had to prove something to myself—that I'm still capable of being useful to someone."

Max Greenberg. A blind volunteer.

"I volunteered because I decided I hadn't been put on this earth to be selfish. I was put on this earth to do good for somebody else."

Alice Kuchler. A blind volunteer.

"I chose to work with blind patients because I figure I have something special to offer them—a reminder that you don't have to give up."

Connie Sierkes. A blind volunteer.

"All my life people have been doing for me. This is my chance to do for someone else. If I can get somebody to eat one meal, to hold my hand for one moment, that's doing something . . . I give anything I can."

A blind volunteer.

Fitting the older blind volunteer to the assignment will not only make him happier; it will also make him more valuable to the agency or institution, its staff, its clients or patients. The main ingredient for success may be what Marion Wurster calls "pinpoint recruiting" — determining first what assignments the agency needs filled, and then recruiting volunteers to fill them. It should be noted in passing that not all older blind persons may necessarily be suited — physically, socially or psychologically — to be volunteers; on occasion, screening may be indicated. Just as with older sighted persons, the recruiter may actually need to discourage an occasional older visually impaired volunteer — or suggest another program, setting, or assignment.

At one nursing home, the director of volunteers feels that "just being interested in people, being able to talk to people" is skill enough; she invited potential volunteers to "tour-and-see" what they would like to do. "Every time they come, they bring in a breath of the outside world, something we need badly," says a staff member who is sold on older volunteers. But acceptance comes easier for those who also have a special skill — like teaching ceramics, crocheting, dancing or knitting — or leading singing in the wards.

"Pinpoint recruiting" will help to allay some of the uneasiness which the institution's staff is likely to feel when older visually impaired volunteers arrive (unless they come in as part of a sighted group); but it will not altogether eliminate it. One or two visually impaired volunteers successfully integrated will pave the way for others; and a program well under way can absorb them more smoothly than one just beginning.

Most important is advance acceptance by the staff person in charge of volunteers of what may be a totally new kind of experience. To get such acceptance beforehand, Ms. Wurster suggests a variety of "talking-points": "Explain the possibility of teaming up the sighted and blind volunteers; point out that some blind people often get less upset working with very physically disabled people than do some sighted volunteers; note that it won't take very much staff time after the original orientation; indicate the specific talents and skills of the volunteers; point out that their mere presence may provide positive reinforcement to some of the patients; give examples of successes in other volunteer placements. But above all, ask staff for a **chance** — not only for the volunteers, but for themselves to see the volunteers in action."

To illustrate the planning which may be required, it took RSVP coordinator of blind volunteers, Laurie Michel, two months to introduce two older visually impaired persons into the ongoing program at one hospital — and then only

through the cooperation of the hospital's volunteer director, RSVP, and Vacations and Community Services for the Blind (VCB). It took the following steps.

1. RSVP staff and volunteer director worked out possible assignments.
2. RSVP staff explained proposed program to VCB staff.
3. RSVP and VCB staff people met with hospital's older volunteers to prepare them for accepting and welcoming the older visually impaired volunteers.
4. RSVP staff contacted a group of blind persons and was able to recruit two older blind volunteers.
5. RSVP and VCB staff returned to hospital volunteer group, and oriented them about the two older visually impaired people who would be joining.
6. In the next two weeks, before coming to the hospital, the two older blind volunteers were prepared by VCB staff for their assignments.
7. On the first day the two older blind persons volunteered, RSVP and VCB staff were present (and staff support from both continued thereafter as needed).

Some Special Considerations

The orientation of the sighted volunteers should include general information about blindness and visual impairments (and might thus provide the tangential benefit of fostering better eye care and treatment in the group). There may be a demonstration on guiding a blind person; at some sessions volunteers might take turns being blindfolded, with others leading, to get some feeling of the problems the older blind volunteers may encounter.

The education is often quite informal. In one hospital, a sighted volunteer asked: "When a blind person is standing on a corner, how do I know if he wants me to help him?" "Why don't you ask him?" one of the others shouted back. Everyone laughed, but the point was made: **blind is not deaf**.

Special transportation arrangements may have to be made for all older volunteers. For the visually impaired it usually is essential. As one put it, "If not for the transportation they provide to the hospital, none of us could get here. That's the biggest thing for any blind person — transportation, to get around."

This may well require taxi or car pickup of the blind volunteer at his home. Originally, all of one institution's older blind volunteers were taxied right to the hospital, but the arrangement was changed to take them only to the senior

citizens' center where the other older volunteers met; in that way they shared the camaraderie of the bus-ride, and were accepted more quickly.

That was all the more important because at first the blind volunteers (who had joined the ongoing program as a group) worked, ate and even reported — at the end-of-day volunteers' meeting — as "the blind group." This is one way, but not the ideal way. The staff wanted total acceptance and integration. Not long afterward each older visually impaired volunteer was assigned to work with one or more sighted volunteers.

As for the orientation of the blind volunteers at one institution, on arrival they received a "tour-and-see" through those parts of the hospital that they needed to know. There was never any formal system (though this may be useful elsewhere); the sighted people simply offered to get their food for them at lunch-time, or offered a willing arm when needed. The older blind volunteers were soon so well accepted that the sighted ones would occasionally forget, walk off and leave them behind!

The presence of a staff person — from a senior citizens' group, an agency serving the blind or a community agency — helps greatly in the first stages to smooth the way, answer questions, deal with the unforeseen. The agency for the blind, or the agency where the volunteer will serve, should also expect to provide the prospective volunteer with some intensive preliminary orientation. A new place, a new "job," new voices, new friends — an imposing collection of newnesses to cope with, particularly for someone who may have been homebound. But very few older blind volunteers have dropped out of programs, and when they have, it was for the same reasons as any one else might drop out of a program — moving away or serious illness.

Mrs. Carrie Bilgrie assists the pharmacist at Jewish Institute for Geriatric Care by counting and bottling pills. Another visually handicapped volunteer at the Institute visits with and helps feed the residents.

Several years ago an authority on geriatrics, Dr. Frederick C. Swartz, noted that modern medicine no longer focuses on the problems of aging, but rather on its challenge. No longer is the question "Where can you put them?" In a step-by-step progression, it has advanced from "What can you do for them?" to "What can they do for themselves?" to — today — "What can they do for others?"

Yet older men and women still all too often find themselves rejected as volunteers. The barriers are even higher for those with visual impairments: "In seeking to include blind and visually handicapped older persons in RSVP programs," Mrs. Kallan reports, "our greatest problem has been to persuade agencies and institutions to accept them as volunteers."

The "problem" of older, visually impaired men and women is not theirs alone to solve, however; increasingly, it is likely to concern all of society. Of the 1,700,000 Americans considered functionally blind—that is, with almost no useful vision—nearly half are over 65.

Why Are Agencies Reluctant?

It is worth exploring, therefore, why institutions and agencies are often so hesitant to accept older visually impaired people as volunteers. Even the volunteer director of the geriatric institution who now finds them a "delight" confesses to an earlier feeling of "trepidation — because service to our patients is the most important criterion." Mrs. Rita Amatulli, coordinator of volunteer services at a hospital for the mentally ill, now very pleased with her visually handicapped senior volunteers, expresses it even more candidly: "I cancelled out two appointments in a row to speak to blind senior citizens about volunteering. I didn't mind going to talk to the group, but I knew that eventually I would get volunteers from them — and I didn't want them."

If executives and administrators are sometimes skeptical, other staff members are often even more so. Nurses, orderlies and aides may feel that visually impaired volunteers will be only minimally useful, will require too much staff time. (Occasionally a contrary objection surfaces — that the volunteers will be too good, and take away staff jobs.) Staff are sometimes unwilling, or ashamed, to voice their real objections.





An Opportunity for Everyone

Some volunteer assignments may require adaptation or additional training for the older visually impaired person, but more do not. At one hospital, a blind volunteer is the caller for the patients' bingo games — using braille numbers. Rhode Island volunteers read from braille books to bedridden patients, and a Queens, N.Y. volunteer teaches Scrabble to the multiply handicapped.

Older visually impaired volunteers have served successfully in hospitals, psychiatric institutions, nursing homes, V.A. Hospitals and homes for the aged. They have contributed their help in offices and classrooms, in senior citizens' centers, public schools, Red Cross groups and church organizations.

Many — perhaps most — appear to thrive on people-to-people contacts. They are story-tellers and interpreters, choir-singers and dance-teachers, arts and crafts leaders and telephone callers; often they make excellent "friendly visitors." At one nursing home, a volunteer simply collects patients in a circle around her whenever she comes — and just talks to them. About anything.

One day it happened to be her recipe for apple pie. Suddenly one of the men broke in to tell about the wonderful apples he ate in Vermont when he was a boy. No one interrupted him, because it wasn't just a footnote to a recipe. These were the first words he had spoken since coming to the home.

Blind and visually impaired older volunteers have been invited to speak to grade-school classes; and they have also talked to high-school dropouts, not only talked but demonstrated occupational skills — knitting and sewing, or how to rewire the ignition system of an old car by touch alone.

But not all older blind volunteers want to work directly with people — they may prefer to repair clothing or furniture. Or knit and sew. Or package surgical kits for sterilization, prepare occupational therapy supplies, make Red Cross ditty-bags, stuff envelopes, prepare folders for fund-raising.

Even the homebound can serve — as the friendliest of "friendly visitors," for example. All it takes is a cheerful voice, and knowing how to use the telephone, to be able to take part in a reassurance program for shut-ins. And more sophisticated skills are valuable too: one blind, homebound volunteer arranges all transportation services for Staten Island (N.Y.) volunteers.

"To Do Good for Somebody Else"

Sadly, despite all the barriers already breached and broken, not all who want to volunteer are able to do so. Mrs. Effie Mae Roebuck, herself blind and a former member of AFB's National Advisory Committee on Aging, has received a National Volunteer Citation for helping elderly visually impaired men and women in the Washington (D.C.) area to learn industrial sewing. Yet, she reports, despite her most strenuous efforts no senior volunteer group in the area has ever accepted a blind person. It is not the only community in which that situation exists.

But Mrs. Roebuck also makes it clear: she will continue her fight. Her spirit matches that of Mrs. Alice Kuchler, a hospital volunteer, who says: "I volunteered because I decided I hadn't been put on this earth to be selfish. I was put on this earth to do good for somebody else.

"The way I look at it, I can meet my Maker a lot easier when I go if I behave myself while I'm here. I'm not a holy-holy or anything like that; but I do believe there is Somebody that looks after us, and I believe we should abide by it. I try."

Some results of her "trying": although she has knitted more than a dozen scarves for institution girls who attend an outside high school, and collected and brought in clothing, and once rounded up 72 towels for a ward that had none, and leads group singing and the Lord's Prayer on her ward visits, ask her what she does and she may have to think a second before she answers: "Well, last week I went around and shook hands with 40 wheelchair patients.

Almost the perfect illustration of what Florence Kallan means when she comments that "in many agencies which serve the sick, the mentally ill or the infirm aged, the visually handicapped older volunteer offers something special — the encouraging example of how to live with a handicap."

When Miss Connie Sierkes first volunteered to work in a mental hospital, she was assigned to an ordinary ward, "but I said I wanted to work with blind patients," she recalls. "I made it very specific. After all, I know braille, I know where I can put my hands on the things they need. I felt I knew better how to satisfy their wants."



Not only does Miss Sierkes teach “her” patients braille; she finds braille games and other items for them. And because all her life she has been an independent human being, she has helped patients from the mental hospital to attend meetings of a community club for the blind, and is now aiding one of the patients to “graduate” to a halfway house in upstate New York.

“I chose to work with blind patients,” Miss Sierkes says, “because I figure I have something special to offer them — a reminder that you don’t have to give up.

“‘I can’t do that,’ someone who doesn’t know me says, ‘I’m blind.’ But I answer right back: ‘I’m blind too. Let me help you’.”

Clearly Connie Sierkes is a most determined woman, knowing her skills and capabilities, sure of how—and whom—she can help most effectively. Not everyone is quite so sure. Max Greenberg, for one, was not. Nearly blind and partially paralyzed, he came to the hospital only for a look-see, uncertain whether he even wanted to be a volunteer. He recalls the precise moment when he decided he was needed:

“When we got here,” he says, “we mingled with the patients, just sat around and talked to them. Finally I got to chatting with one lady in her eighties, and I must say that it was very hard to believe what I heard. Just making conversation, you know, I asked her: ‘Do you get many visitors?’

“‘I’ll never forget. There was a little silence, and then she said to me: ‘What’s a visitor?’ ”

Before he left the hospital that afternoon, Max Greenberg had signed up as a volunteer. He hasn’t missed a day since.

Connie Seirkès chats with a blind patient at Creedmoor. She teaches a number of blind / deaf patients to master the concept and the beginning elements of braille.





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